

MULTNOMAH COUNTY CONTRACT APPROVAL FORM (CAF)

Contract #: 0809077

Pre-approved Contract Boilerplate (with County Attorney signature) ☐ Attached ☐ Not Attached

Amendment #: 2

CLASS I Based on Informal / Intermediate Procurement	CLASS II Based on Formal Procurement	CLASS III Intergovernmental Contract (IGA)
<input type="checkbox"/> Personal Services Contract	<input type="checkbox"/> Personal Services Contract	<input type="checkbox"/> Expenditure Contract
PCRB Contract <input type="checkbox"/> Goods or Services <input type="checkbox"/> Maintenance or Licensing Agreement <input type="checkbox"/> Public Works / Construction Contract <input type="checkbox"/> Architectural & Engineering Contract	PCRB Contract <input type="checkbox"/> Goods or Services <input type="checkbox"/> Maintenance or Licensing Agreement <input type="checkbox"/> Public Works / Construction Contract <input type="checkbox"/> Architectural & Engineering Contract	<input checked="" type="checkbox"/> Revenue Contract <input type="checkbox"/> Grant Contract <input type="checkbox"/> Non-Financial Agreement
<input type="checkbox"/> Revenue Contract <input type="checkbox"/> Grant Contract <input type="checkbox"/> Non-Financial Agreement	<input type="checkbox"/> Revenue Contract <input type="checkbox"/> Grant Contract <input type="checkbox"/> Non-Financial Agreement	<input type="checkbox"/> INTER-DEPARTMENTAL AGREEMENT (IDA)

Department: <u>Sheriff's Office</u>	Division/ Program: <u>Enforcement</u>	Date: <u>05/24/10</u>
Originator: <u>Chief Deputy Timothy Moore</u>	Phone: <u>503-988-4300</u>	Bldg/Room: <u>503/350</u>
Contact: <u>Brad Lynch</u>	Phone: <u>503-988-4336</u>	Bldg/Room: <u>503/350</u>

Description of Contract: IGA amendment extending the term and payments for the services and expenses of a Sheriff's Office law enforcement captain.

RENEWAL: ☐ PREVIOUS CONTRACT #(S) _____ EEO Exhibit 5 required if amount over \$75k

PROCUREMENT EXEMPTION OR CITATION # 46-0130(1)(f) ISSUE DATE: _____ EFFECTIVE DATE: _____ END DATE: _____

CONTRACTOR IS: ☐ MBE ☐ WBE ☐ ESB ☐ QRF State Cert# _____ or ☐ Self Cert ☐ Non-Profit ☐ N/A (Check all boxes that apply)

Contractor	<u>Regional Organized Crime and Narcotics Task Force</u>			Remittance address (If different)	
Address	<u>PO Box 82209</u>				
City/State	<u>Portland, Oregon</u>				
ZIP Code	<u>97282</u>				
Phone	<u>503-234-5300</u>				
Payment Schedule / Terms: <input type="checkbox"/> Lump Sum \$ _____ <input type="checkbox"/> Due on Receipt <input type="checkbox"/> Monthly \$ _____ <input type="checkbox"/> Net 30 <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> Other _____					
Contract Effective Date	<u>09/22/08</u>	Term Date	<u>06/30/10</u>	<input type="checkbox"/> Price Agreement (PA) or Requirements Funding Info:	
Amendment Effect Date	<u>07/01/10</u>	New Term Date	<u>06/30/11</u>		
Original Contract Amount		\$ 137,736.00		Original PA/Requirements Amount	\$ _____
Total Amt of Previous Amendments		\$ 197,973.00		Total Amt of Previous Amendments	\$ _____
Amount of Amendment		\$ 206,294.00		Amount of Amendment	\$ _____
Total Amount of Agreement \$		\$ 542,003.00		Total PA/Requirements Amount	\$ _____

REQUIRED SIGNATURES:

Department Manager _____	DATE _____
County Attorney _____	DATE _____
CPCA Manager _____	DATE _____
County Chair _____	DATE _____
Sheriff _____	DATE _____
Contract Administration _____	DATE _____

COMMENTS:

